

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10/665995	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2		1					52					
3		1					53					
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5		1					55					
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8		1					58					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total		3					Total					
Total Indep		3					Total Indep					
Total Depend		9					Total Depend					
Total Claims		12					Total Claims					